

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1957

57 0 2 3 2 8 1  
STATE FILE NUMBER

Registration District No. 357 Primary Registration District No. 6189 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <b>TANEY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Forsyth</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Rural Forsyth</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>home Forsyth</b>		Length of stay in 1b <b>years</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Forsyth</b>			
3. NAME OF DECEASED (Type or print) First <b>CORA</b> Middle <b>Belle</b> Last <b>LANGRIDGE</b>				4. DATE OF DEATH Month <b>June</b> Day <b>14</b> Year <b>1957</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 20, 1874</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>14</b> Hours <b>14</b> Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (City and state or country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Amos Heath</b>				14. MOTHER'S MAIDEN NAME <b>Cynthia Rinick</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Ralph Whittle</b> Address <b>Forsyth Mo</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>unknown</b> DUE TO (c) <b>unknown</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>						20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>a. m.</b> Month <b>Day</b> Year <b>p. m.</b>						20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>6-14-57</b> to <b>6-14-57</b> and last saw her <b>dead</b> on <b>6-14-57</b> . Death occurred at <b>11 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deponent's title) <b>Helen Campbell, Local Registrar, Branson, Mo.</b>				22b. ADDRESS		22c. DATE SIGNED <b>6/24/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/16/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Branson Memorial</b>		23d. LOCATION (City, town, or county) (State) <b>Branson Mo</b>	
24. FUNERAL DIRECTOR <b>W. B. Bell</b>		ADDRESS <b>Forsyth Mo</b>		25. DATE RECD. BY LOCAL REG. <b>6/24/57</b>		26. REGISTRAR'S SIGNATURE <b>Helen Campbell</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 8 1950

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Walter S. Cobb*

Licensed Embalmer No. *47*

P. O. Address *Foray*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.